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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 05-01-2018 , and ending 04-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Doing business as

Number and street (or P O box if mail is not delivered to street address)

5757 WILSHIRE BOULEVARD 7TH FLOOR

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LOS ANGELES, CA 90036

F Name and address of principal officer

DAVID WHITE

5757 WILSHIRE BOULEVARD 7TH FLOOR

LOS ANGELES, CA 90036

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) ( 5 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW SAGAFTRA ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

2012

M State of legal domicile

DE

D Employer identification number

45-4931719

E Telephone number

(323) 549-6689

G Gross receipts \$

117,986,355

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SAG-AFTRA MEMBERS WORK TOGETHER TO SECURE THE STRONGEST PROTECTIONS FOR MEDIA ARTISTS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

80

4 Number of independent voting members of the governing body (Part VI, line 1b)

80

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

664

6 Total number of volunteers (estimate if necessary)

1,150

7a Total unrelated business revenue from Part VIII, column (C), line 12

685,145

7b Net unrelated business taxable income from Form 990-T, line 34

415,521

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

0

107,688,957

724,949

6,828,829

115,242,735

Current Year

0

109,956,825

927,557

7,101,973

117,986,355

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

908,034

0

61,826,036

0

44,554,362

107,288,432

7,954,303

1,002,654

0

64,588,826

0

47,773,863

113,365,343

4,621,012

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

315,637,936

245,829,874

69,808,062

End of Year

329,044,798

254,653,445

74,391,353

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

\*\*\*\*\*

Signature of officer

2020-03-12

Date

ARIANNA OZZANTO CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-03-12

Check ☐ if self-employed

PTIN P00666808

Firm's name ▶ SINGERLEWAK LLP

Firm's EIN ▶ 95-2302617

Firm's address ▶ 10960 WILSHIRE BOULEVARD 7TH FLOOR

Phone no (310) 477-3924

LOS ANGELES, CA 900243783

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III . . . . . ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

See Additional Data

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

See Additional Data

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

OPTIONAL PARTICIPATION FOR MEMBERS IN THE FILM SOCIETY, MEMBERS CAN JOIN FOR THE PURPOSE OF REVIEWING FILMS

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )**4e** Total program service expenses ▶

Part IV Checklist of Required Schedules		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b>	No
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b>	No
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	Yes
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	Yes
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b>	No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b>	Yes
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>	No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b>	No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b>	Yes
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>	Yes
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b>	Yes
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b>	Yes
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	Yes
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	Yes
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b>	Yes
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b>	No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	171	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	664	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI**

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 80		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 80		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b> Yes	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b> Yes	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	No
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	No
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: CA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☒ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 ▶ ARIANNA OZZANTO 5757 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90036 (323) 549-6689

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☒

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	5,595,343	0	1,649,547

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 127

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AVALON HARBOR ENTERTAINMENT INC  1447 CLOVERFIELD BLVD SUITE 201 SANTA MONICA, CA 90404	PRODUCTION COMPANY	5,492,701
BUSH GOTTLIEB  500 N CENTRAL AVE SUITE 800 GLENDALE, CA 91203	LEGAL FIRM	1,222,805
TALON EXECUTIVE SERVICES INC  151 KALMUS DRIVE SUITE A103 COSTA MESA, CA 926265900	SECURITY STAFF SERVICES	804,000
TEKSYSTEMS  PO BOX 198568 ATLANTA, GA 303848568	IT CONSULTANTS	714,826
COHEN WEISS & SIMON LLP  330 W 42 STREET NEW YORK, NY 10036	LEGAL FIRM	691,967

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 33</p>	
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## Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐Contributions, Gifts, Grants  
and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
<b>b</b> Membership dues . . . . .	<b>1b</b>			
<b>c</b> Fundraising events . . . . .	<b>1c</b>			
<b>d</b> Related organizations . . . . .	<b>1d</b>			
<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>			
<b>g</b> Noncash contributions included in lines 1a - 1f \$ . . . . .				
<b>h Total.</b> Add lines 1a-1f . . . . .				

## Program Service Revenue

	Business Code				
<b>2a</b> MEMBERSHIP & INITIATION DUES					
	900099	105,837,182	105,837,182		
<b>b</b> AWARDS SHOW INCOME	900099	3,597,266	3,597,266		
<b>c</b> FILM SOCIETY	900099	365,803	365,803		
<b>d</b> CONSERVATORY	900099	156,574	156,574		
<b>e</b> . . . . .					
<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . .		109,956,825			

## Other Revenue

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		927,557			927,557
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross rents	(i) Real	(ii) Personal			
	2,383,309				
<b>b</b> Less rental expenses	0				
<b>c</b> Rental income or (loss)	2,383,309				
<b>d</b> Net rental income or (loss) . . . . .		2,383,309			2,383,309
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b> Less cost or other basis and sales expenses					
<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss) . . . . .					
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code				
<b>11a</b> UNCLAIMED RESIDUALS	900099	1,395,000	1,395,000		
<b>b</b> RECORDING ARTIST SERVICE FEES	900099	849,710	849,710		
<b>c</b> LATE FEES	900099	739,386	739,386		
<b>d</b> All other revenue . . . . .		1,734,568	1,049,423	685,145	
<b>e Total.</b> Add lines 11a-11d . . . . .		4,718,664			
<b>12 Total revenue.</b> See Instructions . . . . .		117,986,355	113,990,344	685,145	3,310,866

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	990,154			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	12,500			
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	5,173,627			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	43,735,182			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,719,718			
<b>9</b> Other employee benefits.	6,502,613			
<b>10</b> Payroll taxes.	3,457,686			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	3,279,092			
<b>c</b> Accounting.	315,438			
<b>d</b> Lobbying.	288,048			
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,425,999			
<b>12</b> Advertising and promotion.	503,905			
<b>13</b> Office expenses.	1,545,638			
<b>14</b> Information technology.	5,603,776			
<b>15</b> Royalties.				
<b>16</b> Occupancy.	15,816,312			
<b>17</b> Travel.	3,882,213			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	394,634			
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	3,264,499			
<b>23</b> Insurance.	709,291			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> PUBLICATIONS EXPENSE	549,886			
<b>b</b> PRINTING & POSTAGE	3,389,055			
<b>c</b> CREDIT CARD FEES	1,362,714			
<b>d</b> PER CAPITA DUES	1,331,231			
<b>e</b> All other expenses	2,112,132			
<b>25</b> Total functional expenses. Add lines 1 through 24e.	113,365,343			
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	74,313,268	<b>1</b>	73,910,590
	<b>2</b>	Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b>	Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .	1,891,557	<b>4</b>	2,020,031
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	2,730,089	<b>9</b>	2,790,380
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	38,952,813		
	<b>b</b>	Less: accumulated depreciation	27,524,820		
	<b>11</b>	Investments—publicly traded securities . . . . .	20,376,355	<b>11</b>	20,940,782
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .	1,963,685	<b>12</b>	2,084,651
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .	202,197,380	<b>15</b>	215,870,371
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	315,637,936	<b>16</b>	329,044,798	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	18,756,144	<b>17</b>	18,875,581
	<b>18</b>	Grants payable . . . . .		<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .	13,327,642	<b>19</b>	9,152,857
	<b>20</b>	Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D	201,155,138	<b>21</b>	214,840,267
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	12,590,950	<b>25</b>	11,784,740
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	245,829,874	<b>26</b>	254,653,445
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b>	Unrestricted net assets	69,808,062	<b>27</b>	74,391,353
	<b>28</b>	Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b>	Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .	69,808,062	<b>33</b>	74,391,353	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	315,637,936	<b>34</b>	329,044,798	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	117,986,355
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	113,365,343
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	4,621,012
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	69,808,062
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-37,721
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	74,391,353

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 45-4931719

**Name:** SCREEN ACTORS GUILD-AMERICAN FEDERATION  
OF TELEVISION AND RADIO ARTISTS

Form 990 (2018)

**Form 990, Part III, Line 4a:**

THE UNION HOLDS FUNDS IN TRUST FOR MEMBERS IN SECONDARY MARKETS

**Form 990, Part III, Line 4b:**

SAG-AFTRA HOLDS AN ANNUAL AWARD SHOW TO HONOR SCREEN ACTORS FOR THEIR ACCOMPLISHMENTS

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**Form 990, Part III, Line 4c:**

ACTIVITIES OF THE CONSERVATORY COMMITTEE PROVIDE EDUCATION IN THE CRAFT OF ACTING IN THE FORM OF SEMINARS, WORKSHOPS, LECTURES, ETC

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GABRIELLE CARTERIS ..... NATIONAL PRESIDENT	1 00 .....	X		X				0	0	0
REBECCA DAMON ..... EXECUTIVE VICE PRESIDENT	1 00 .....	X		X				0	0	0
JANE AUSTIN ..... NATIONAL SECRETARY-TREASURER	1 00 .....	X		X				0	0	0
ILYSSA FRADIN ..... NATIONAL VICE PRESIDENT, MID-SIZED LOCALS	1 00 .....	X		X				0	0	0
SAMANTHA MATHIS ..... NATIONAL VICE PRESIDENT, ACTORS/PERFORMERS	1 00 .....	X		X				0	0	0
CATHERINE BROWN ..... NATIONAL VICE PRESIDENT, BROADCASTERS	1 00 .....	X		X				0	0	0
CLYDE KUSATSU ..... NATIONAL VICE PRESIDENT, LOS ANGELES	1 00 .....	X		X				0	0	0
LIZ ZAZZI ..... NATIONAL VICE PRESIDENT, NEW YORK	1 00 .....	X		X				0	0	0
DAN NAVARRO ..... NATIONAL VICE PRESIDENT, REC ARTISTS/SINGERS	1 00 .....	X		X				0	0	0
SUZANNE BURKHEAD ..... NATIONAL VICE PRESIDENT, SMALL LOCALS	1 00 .....	X		X				0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DON AHLES ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
BOBBIE BATES ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
RANDAL BERGER ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
RODGER BRAND ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
JOHN CARTER BROWN ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
BOB BUTLER ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
WILLIAM CHARLTON ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
ELLEN CRAWFORD ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
JOE D'ANGERIO ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
MAUREEN DONNELLY ..... NATIONAL BOARD MEMBER	1 00 .....	X						2,660	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE DRESSLER ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
NANCY DUERR ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
HAL EISNER ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
GREG EVIGAN ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
JIM FERGUSON ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
CHARLES FERRARA ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
MARIE FINK ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
FRANCES FISHER ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
HECTOR GARCIA ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
ANNE GARTLAN ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JASON GEORGE ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
MARGIE GHIGO ..... NATIONAL BOARD MEMBER	1 00 .....	X						1,005	0	0
TRACI GODFREY ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
HOLTER GRAHAM ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
ABIGAIL GRENLEY ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
PAMELA GUEST ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
KATHRYN HOWELL ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
JON HUERTAS ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
MICHELLE HURD ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
DAVID JOLLIFFE ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EZRA KNIGHT ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
JOE KREBS ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
CHRIS LACEY ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
DIANE LADD ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
ELAINE LEGARO ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
JODI LONG ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
MEL MACKARON ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
ADRIAN MARTINEZ ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
MARY MCDONALD-LEWIS ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
JOHN R MITCHELL ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW MODINE ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
BILL MOOTOS ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
ESAI MORALES ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
CHRISTINE NAGY ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
DEBRA NELSON ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
JENNY O'HARA ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
RON OSTROW ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
JANICE PENDARVIS ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
ROBERT PINE ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
JAY POTTER ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA POWELL ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
JASPER RANDALL ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
PATRICIA RICHARDSON ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
SCOTT ROGERS ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
JOHN ROTHMAN ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
WOODY SCHULTZ ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
KEVIN SCULLIN ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
RICHARD SHAVZIN ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
MARTIN SHEEN ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
LESLIE SHREVE ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN SNYDER ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
ABIGAIL SPENCER ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
JEFF SPURGEON ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
JONATHAN TAYLOR THOMAS ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
PETER TOCCO ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
SHEILA TRAISTER ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
STACEY TRAVIS ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
MONICA TROMBETTA ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
LISA VIDAL ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0
PAMELA WEAVER ..... NATIONAL BOARD MEMBER	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARTIN ALVILLAR ..... ALTERNATE	1 00 .....	X						0	0	0
PETE ANTICO ..... ALTERNATE	1 00 .....	X						0	0	0
JEFF AUSTIN ..... ALTERNATE	1 00 .....	X						0	0	0
MARC BARON ..... ALTERNATE	1 00 .....	X						0	0	0
NITASHA BHAMBREE ..... ALTERNATE	1 00 .....	X						0	0	0
CHRISTINE BRUNO ..... ALTERNATE	1 00 .....	X						0	0	0
ANDREW CAPLE-SHAW ..... ALTERNATE	1 00 .....	X						0	0	0
NATALIA CASTELLANOS ..... ALTERNATE	1 00 .....	X						0	0	0
PARVESH CHEENA ..... ALTERNATE	1 00 .....	X						0	0	0
TOM CHOI ..... ALTERNATE	1 00 .....	X						0	0	0



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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHELLE DAMIS ..... ALTERNATE	1 00 .....	X						0	0	0
DEBBIE EVANS ..... ALTERNATE	1 00 .....	X						0	0	0
CHARLES ANDREW GARDNER ..... ALTERNATE	1 00 .....	X						0	0	0
JANETTE GAUTIER ..... ALTERNATE	1 00 .....	X						0	0	0
RICHARD HADFIELD ..... ALTERNATE	1 00 .....	X						0	0	0
BRIAN HAMILTON ..... ALTERNATE	1 00 .....	X						0	0	0
LINDA HARCHARIC ..... ALTERNATE	1 00 .....	X						0	0	0
SAMANTHA HARTSON ..... ALTERNATE	1 00 .....	X						0	0	0
PHOEBE JONAS ..... ALTERNATE	1 00 .....	X						0	0	0
SANDRA KARAS ..... ALTERNATE	1 00 .....	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATT KAVANAUGH ..... ALTERNATE	1 00 .....	X						0	0	0
TOM KEMP ..... ALTERNATE	1 00 .....	X						0	0	0
VERANIA KENTON ..... ALTERNATE	1 00 .....	X						0	0	0
JIM KERR ..... ALTERNATE	1 00 .....	X						0	0	0
KATHRYN KLVANA ..... ALTERNATE	1 00 .....	X						0	0	0
CLAYTON LANDEY ..... ALTERNATE	1 00 .....	X						0	0	0
DONNA LYNN LEAVY ..... ALTERNATE	1 00 .....	X						0	0	0
JOANNA LEEDS ..... ALTERNATE	1 00 .....	X						0	0	0
LANCE LEWMAN ..... ALTERNATE	1 00 .....	X						0	0	0
KATE LINDER ..... ALTERNATE	1 00 .....	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELAINE LOH ..... ALTERNATE	1 00 .....	X						0	0	0
KURT LOTT ..... ALTERNATE	1 00 .....	X						0	0	0
JOSEPH MELENDEZ ..... ALTERNATE	1 00 .....	X						0	0	0
MICHAEL MONTGOMERY ..... ALTERNATE	1 00 .....	X						0	0	0
PETER MOORE ..... ALTERNATE	1 00 .....	X						0	0	0
RON MORGAN ..... ALTERNATE	1 00 .....	X						0	0	0
JACK MULCAHY ..... ALTERNATE	1 00 .....	X						0	0	0
PEGGY LANE O'ROURKE ..... ALTERNATE	1 00 .....	X						0	0	0
MICHELE PROUDE ..... ALTERNATE	1 00 .....	X						0	0	0
LEE PURCELL ..... ALTERNATE	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIM RENEE ..... ALTERNATE	1 00 .....	X						0	0	0
RICCO ROSS ..... ALTERNATE	1 00 .....	X						0	0	0
MIKE SAKELLARIDES ..... ALTERNATE	1 00 .....	X						0	0	0
SHAAN SHARMA ..... ALTERNATE	1 00 .....	X						0	0	0
JO-JO SHUTTY-MACGREGOR ..... ALTERNATE	1 00 .....	X						0	0	0
JAMAL STORY ..... ALTERNATE	1 00 .....	X						0	0	0
BEN WHITEHAIR ..... ALTERNATE	1 00 .....	X						0	0	0
VIVICCA A WHITSETT ..... ALTERNATE	1 00 .....	X						0	0	0
OLGA WILHELMINE ..... ALTERNATE	1 00 .....	X						0	0	0
ERIC WYDRA ..... ALTERNATE	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID WHITE ..... NATIONAL EXECUTIVE DIRECTOR	40 00 .....			X				781,451	0	230,528
ARIANNA OZZANTO ..... CHIEF FINANCIAL OFFICER	40 00 .....			X				342,830	0	101,135
DUNCAN CRABTREE-IRELAND ..... CHIEF OPERATING OFFICER / GENERAL COUNSEL	40 00 .....				X			378,104	0	111,541
RAY RODRIGUEZ ..... CHIEF CONTRACTS OFFICER	40 00 .....				X			362,578	0	106,961
MATHIS DUNN JR ..... ASSOCIATE NATIONAL EXECUTIVE DIRECTOR	40 00 .....				X			360,678	0	106,400
PAMELA GREENWALT ..... CHIEF COMMUNICATIONS & MARKETING OFFICER	40 00 .....				X			302,697	0	89,296
DAVID VIVIANO ..... CHIEF ECONOMIST	40 00 .....				X			263,626	0	77,769
TASHIA MALLETTE ..... CHIEF PEOPLE OFFICER	40 00 .....				X			210,340	0	62,050
MARTHA LOMELI HOLDRIDGE ..... CHIEF HUMAN RESOURCES OFFICER	40 00 .....				X			235,283	0	69,409
DANIEL INUKAI ..... CHIEF INFORMATION OFFICER	40 00 .....				X			287,273	0	84,745

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY CAVALLARO ..... CHIEF BROADCAST OFFICER	40 00 .....				X			277,919	0	81,987
KATHY CONNELL ..... EXEC PRODUCER SAG AWARDS & NATIONAL PROGRAMMING	40 00 .....				X			281,702	0	83,102
JOHN MCGUIRE ..... SENIOR ADVISOR	40 00 .....				X			207,571	0	61,234
RICHARD LARKIN ..... ASSOC EXECUTIVE DIRECTOR/LABOR COUNSEL	40 00 .....					X		269,962	0	79,639
BRAD KEENAN ..... EXEC DIRECTOR, CONTRACT ADMINISTRATION & ENFORCEM	40 00 .....					X		266,709	0	78,679
JEFFREY BENNETT ..... EXEC DIRECTOR, NY LOCAL & CHIEF DEPUTY GENERAL CO	40 00 .....					X		295,729	0	87,240
CLAROS JAVIER ARAUZ ..... EXEC DIRECTOR, TECHNOLOGY & RESIDUALS	40 00 .....					X		234,969	0	69,316
BENSUSSENWILLIAM EVAN ..... EXEC DIRECTOR, OPERATIONS & CHIEF ADMINISTRATIVE O	40 00 .....					X		232,257	0	68,516

<b>SCHEDULE C</b> <b>(Form 990 or 990-EZ)</b>  Department of the Treasury Internal Revenue Service	<b>Political Campaign and Lobbying Activities</b>  For Organizations Exempt From Income Tax Under section 501(c) and section 527  ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No 1545-0047  <b>2018</b>  <b>Open to Public Inspection</b>

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS	Employer identification number  45-4931719
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities?			
<b>j</b>	Total. Add lines 1c through 1i			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b> Yes	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	No
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	No

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
------------------	-------------

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As Filed Data -

DLN: 93493076012180

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
SCREEN ACTORS GUILD-AMERICAN FEDERATION  
OF TELEVISION AND RADIO ARTISTS

Employer identification number  
45-4931719

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2018

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No

Part IV

Escrow and Custodial Arrangements.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☒ Yes☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

☒

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		112,942		112,942
b Buildings . . . . .				
c Leasehold improvements		13,839,313	8,574,205	5,265,108
d Equipment . . . . .		25,000,558	18,950,615	6,049,943
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				11,427,993

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) ADVANCES AND DEPOSITS	220,221
(2) FUNDS HELD IN TRUST	214,840,267
(3) DEFERRED RENT RECEIVABLE	809,883
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	215,870,371

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED RENT	11,784,740
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	11,784,740

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	116,903,762
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-37,721
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-359,727
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-397,448
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	117,301,210
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	685,145
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	685,145
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	117,986,355

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	112,320,471
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-359,727
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-359,727
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	112,680,198
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	685,145
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	685,145
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	113,365,343

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 45-4931719  
**Name:** SCREEN ACTORS GUILD-AMERICAN FEDERATION  
OF TELEVISION AND RADIO ARTISTS

**Supplemental Information**

Return Reference	Explanation
PART IV, LINE 2B	PRODUCERS' PRODUCTION AND RESIDUAL DEPOSITS ARE HELD IN TRUST TO ENSURE PAYMENT OF PERFORMERS SALARIES AND RESIDUALS PERFORMERS' RESIDUAL PAYMENTS, SETTLEMENTS AND FOREIGN ROYALTIES ARE HELD IN TRUST PENDING DISTRIBUTION TO PERFORMERS

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	<p>THE UNION IS INTENDED TO QUALIFY PURSUANT TO SECTION 501(C)(5) OF THE INTERNAL REVENUE CODE, AND ACCORDINGLY, THE UNION'S NET CHANGE IN UNRESTRICTED ASSETS IS EXEMPT FROM INCOME TAXES. MANAGEMENT BELIEVES THAT UNION CONTINUES TO QUALIFY AND TO OPERATE IN ACCORDANCE WITH APPLICABLE PROVISIONS OF THE INTERNAL REVENUE CODE. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE UNION MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE UNION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE UNION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. UNION MANAGEMENT HAS ANALYZED THE TAX POSITIONS BY THE UNION, AND HAS CONCLUDED THAT AS OF APRIL 30, 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY THE IRS ARE THE YEARS ENDED APRIL 30, 2016 THROUGH APRIL 30, 2019 AND BY THE CALIFORNIA FRANCHISE TAX BOARD ARE THE YEARS ENDED APRIL 30, 2015 THROUGH APRIL 30, 2019. THE UNION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.</p>



Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	GRANTS NETTED IN AWARD SHOW -359,727

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	ADVERTISING INCOME NETTED IN EXPENSES 685,145

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	GRANT NETTED IN AWARD SHOW -359,727

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	ADVERTISING INCOME NETTED IN EXPENSES 685,145

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization  
SCREEN ACTORS GUILD-AMERICAN FEDERATION  
OF TELEVISION AND RADIO ARTISTS

**Employer identification number**

45-4931719

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total	0	0			5,501,235
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			5,501,235

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GENERAL ASSISTANCE	12,500	CHECK			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶ 1

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No



**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 45-4931719

**Name:** SCREEN ACTORS GUILD-AMERICAN FEDERATION  
OF TELEVISION AND RADIO ARTISTS

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS	N/A	5,211,627
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	MEMBER SERVICES	277,108

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	MEMBER SERVICES	12,500

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
SCREEN ACTORS GUILD-AMERICAN FEDERATION  
OF TELEVISION AND RADIO ARTISTS

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Employer identification number  
45-4931719

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 27

3 Enter total number of other organizations listed in the line 1 table . . . . . 7

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE FINANCIAL SUPPORT LISTED ON SCHEDULE I PART II WERE PAID IN THE FORM OF SPONSORSHIPS TO THE NAMED ORGANIZATIONS

Additional Data

Software ID:  
Software Version:  
EIN: 45-4931719  
Name: SCREEN ACTORS GUILD-AMERICAN FEDERATION  
OF TELEVISION AND RADIO ARTISTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAG-AFTRA FOUNDATION 5757 WILSHIRE BLVD PH1 LOS ANGELES, CA 90036	95-3967876	501(C)(3)	409,727				GENERAL ASSISTANCE
KAPOR CENTER FOR SOCIAL IMPACT 2148 BROADWAY OAKLAND, CA 90036	94-3330604	501(C)(3)	200,000				GENERAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSICARES FOUNDATION 3030 OLYMPIC BLVD SANTA MONICA, CA 90404	95-4470909	501(C)(3)	25,000				GENERAL ASSISTANCE
THE ACTORS FUND 5757 WILSHIRE BLVD STE 400 LOS ANGELES, CA 90036	13-1635251	501(C)(3)	20,700				GENERAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTION PICTURE & TV FUND 23388 MULHOLLAND DR WOODLAND HILLS, CA 91364	95-1652916	501(C)(3)	20,593				GENERAL ASSISTANCE
NATIONAL ASSOCIATION OF BLACK JOURNALISTS 1100 KNIGHT HALL SUITE 3100 COLLEGE PARK, MD 20742	52-1266959	501(C)(3)	15,800				GENERAL ASSISTANCE



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAHJ ASSOCIATION 1050 CONNECTICUT AVE NW 10TH FLR WASHINGTON, DC 20036	95-3927141	501(C)(3)	15,000				GENERAL ASSISTANCE
ENTERTAINMENT INDUSTRY COLLEGE OUTREACH PROGRAM 2321 W OLIVE AVE SUITE F BURBANK, CA 91506	47-5470616	501(C)(3)	15,000				GENERAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN AMERICAN JOURNALISTS ASSOCIATION 5 THIRD ST STE 1108 SANTA MONICA, CA 90404	95-3755203	501(C)(3)	15,000				GENERAL ASSISTANCE
GHETTO FILM SCHOOL 79 ALEXANDER AVENUE 4TH FLOOR BRONX, NY 10454	13-4127229	501(C)(3)	15,000				GENERAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF INDEPENDENT COMMERCIAL PRODUCERS INC 3 WEST 18TH STREET 5TH FLR NEW YORK, NY 10011	13-2920121	501(C)(6)	12,500				GENERAL ASSISTANCE
NATIONAL HISPANIC MEDIA COALITION 55 S GRAND AVE PASADENA, CA 91105	95-4111353	501(C)(3)	12,000				GENERAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES COUNTY FEDERATION OF LABOR AFL- CIO 2130 W JAMES M WOOD BLVD LOS ANGELES, CA 90006	95-2019312	501(C)(5)	12,000				GENERAL ASSISTANCE
ICG GUILD SCHOLARSHIP AND PRESERVATION FUND INC 2-14 50TH AVENUE PH2W LONG ISLAND, NY 11101	90-0777065	501(C)(3)	10,000				GENERAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIDE LIVE INC 1438 N GOWER ST NO 83 LOS ANGELES, CA 90028	90-0777065	501(C)(3)	10,000				GENERAL ASSISTANCE
PEGGY BROWNING FUND 7755 SUNSET BOULEVARD LOS ANGELES, CA 90046	95-4765798	501(C)(3)	10,000				GENERAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIRECTORS GUILD OF AMERICA INC 7920 SUNSET BOULEVARD LOS ANGELES, CA 90046	95-1202310	501(C)(5)	10,000				GENERAL ASSISTANCE
THE BLACKHOUSE FOUNDATION 1875 CENTURY PARK EAST SUITE 600 LOS ANGELES, CA 90067	26-3530135	501(C)(3)	10,000				GENERAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWFILMMAKERS LOS ANGELES 438 N GOWER ST BOX 83 BLDG 42 STE 103 HOLLYWOOD, CA 90028	26-4286940	501(C)(3)	10,000				GENERAL ASSISTANCE
EASTER SEALS SOUTHERN CALIFORNIA INC 1570 E 17TH STREET SANTA ANA, CA 92705	94-3068149	501(C)(3)	9,000				GENERAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FILM INDEPENDENT 5670 WILSHIRE BLVD 9TH FLR LOS ANGELES, CA 90036	95-3943485	501(C)(3)	9,000				GENERAL ASSISTANCE
MUSEUM OF THE MOVING IMAGE 162 W 56TH ST STE 405 NEW YORK, NY 10019	11-2730714	501(C)(3)	9,000				GENERAL ASSISTANCE



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAANE 464 LUCAS AVE SUITE 202 LOS ANGELES, CA 90017	95-4459427	501(C)(3)	8,000				GENERAL ASSISTANCE
THE INNER CIRCLE INC ROOM-9 CITY HALL NEW YORK, NY 10007	13-3360989	501(C)(3)	7,500				GENERAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF PROFESSIONAL JOURNALISTS GREATER LOS ANGELES 3909 N MERIDIAN ST INDIANAPOLIS, IN 46208	95-6119058	501(C)(6)	7,500				GENERAL ASSISTANCE
WOMEN IN FILM 701 WILSHIRE BLVD SUITE 1000 BEVERLY HILLS, CA 90212	23-7322834	501(C)(3)	7,500				GENERAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL LESBIAN & GAY JOURNALISTS ASSOC 2120 L STREET NW NO 850 WASHINGTON, DC 20037	94-3177380	501(C)(3)	7,500				GENERAL ASSISTANCE
MUSEUM OF BROADCAST COMMUNICATIONS 360 NORTH STATE STREET CHICAGO, IL 60654	36-3277311	501(C)(3)	5,950				GENERAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORKERS UNITE FILM FESTIVAL INC 322 WEST 52ND STREET NEW YORK, NY 10019	45-5086213	501(C)(3)	5,000				GENERAL ASSISTANCE
TELEVISION ACADEMY 5220 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91601	95-3130853	501(C)(6)	5,000				GENERAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEW FESTIVAL 601 W 26TH STREET SUITE 325-95 NEW YORK, NY 10001	13-3560387	501(C)(3)	5,000				GENERAL ASSISTANCE
GRAND PERFORMANCES 350 S GRAND AVE SUITE A-4 LOS ANGELES, CA 90071	95-4576761	501(C)(3)	5,000				GENERAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIDE AT WORK AFL-CIO 815 16TH STREET NW WASHINGTON, DC 20006	52-2217817	501(C)(4)	5,000				GENERAL ASSISTANCE
PRODUCERS GUILD OF AMERICA 10960 WILSHIRE BLVD 7F LOS ANGELES, CA 90024	95-1628346	501(C)(6)	5,000				GENERAL ASSISTANCE



For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table

**Schedule J (Form 990) 2018**



**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	OTHER REPORTABLE COMPENSATION MAY ALSO INCLUDE PAYOUT OF UNUSED VACATION PAY, WHICH WOULD BE INCLUDED IN TAXABLE COMPENSATION

Return Reference	Explanation
PART I, LINE 4A	PER CONFIDENTIALITY AGREEMENT SIGNED BY THE ORGANIZATION, THE SEVERANCE PACKAGE PAID TO AN EMPLOYEE IS NOT OPEN FOR PUBLIC INSPECTION BUT IS AVAILABLE TO THE IRS UPON REQUEST



Additional Data

Software ID:  
Software Version:  
EIN: 45-4931719  
Name: SCREEN ACTORS GUILD-AMERICAN FEDERATION  
OF TELEVISION AND RADIO ARTISTS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID WHITE NATIONAL EXECUTIVE DIRECTOR	(i)	633,873	23,908	123,670	101,120	129,408	1,011,979	0
	(ii)	0	0	0	0	0	0	0
ARIANNA OZZANTO CHIEF FINANCIAL OFFICER	(i)	297,190	12,533	33,107	44,362	56,773	443,965	0
	(ii)	0	0	0	0	0	0	0
DUNCAN CRABTREE-IRELAND CHIEF OPERATING OFFICER / GENERAL CO	(i)	335,522	14,476	28,106	48,927	62,614	489,645	0
	(ii)	0	0	0	0	0	0	0
RAY RODRIGUEZ CHIEF CONTRACTS OFFICER	(i)	340,846	14,379	7,353	46,918	60,043	469,539	0
	(ii)	0	0	0	0	0	0	0
MATHIS DUNN JR ASSOCIATE NATIONAL EXECUTIVE DIRECTO	(i)	338,169	14,172	8,337	46,672	59,728	467,078	0
	(ii)	0	0	0	0	0	0	0
PAMELA GREENWALT CHIEF COMMUNICATIONS & MARKETING OFF	(i)	282,800	11,968	7,929	39,169	50,127	391,993	0
	(ii)	0	0	0	0	0	0	0
DAVID VIVIANO CHIEF ECONOMIST	(i)	247,755	10,587	5,284	34,113	43,656	341,395	0
	(ii)	0	0	0	0	0	0	0
TASHIA MALLETTE CHIEF PEOPLE OFFICER	(i)	150,444	59,896	0	27,218	34,832	272,390	0
	(ii)	0	0	0	0	0	0	0
MARTHA LOMELI HOLDRIDGE CHIEF HUMAN RESOURCES OFFICER	(i)	29,593	0	205,690	30,446	38,963	304,692	0
	(ii)	0	0	0	0	0	0	0
DANIEL INUKAI CHIEF INFORMATION OFFICER	(i)	267,847	11,425	8,001	37,173	47,572	372,018	0
	(ii)	0	0	0	0	0	0	0
MARY CAVALLARO CHIEF BROADCAST OFFICER	(i)	258,898	11,081	7,940	35,963	46,024	359,906	0
	(ii)	0	0	0	0	0	0	0
KATHY CONNELL EXEC PRODUCER SAG AWARDS & NATIONAL	(i)	257,990	7,096	16,616	36,452	46,650	364,804	0
	(ii)	0	0	0	0	0	0	0
JOHN MCGUIRE SENIOR ADVISOR	(i)	196,124	3,425	8,022	26,860	34,374	268,805	0
	(ii)	0	0	0	0	0	0	0
RICHARD LARKIN ASSOC EXECUTIVE DIRECTOR/LABOR COUN	(i)	243,682	10,386	15,894	34,933	44,706	349,601	0
	(ii)	0	0	0	0	0	0	0
BRAD KEENAN EXEC DIRECTOR, CONTRACT ADMINISTRAT	(i)	102,837	0	163,872	34,512	44,167	345,388	0
	(ii)	0	0	0	0	0	0	0
JEFFREY BENNETT EXEC DIRECTOR, NY LOCAL & CHIEF DEP	(i)	246,992	36,785	11,952	38,267	48,973	382,969	0
	(ii)	0	0	0	0	0	0	0
CLAROS JAVIER ARAUZ EXEC DIRECTOR, TECHNOLOGY & RESIDUA	(i)	217,831	9,177	7,961	30,405	38,911	304,285	0
	(ii)	0	0	0	0	0	0	0
BENSUSSENWILLIAM EVAN EXEC DIRECTOR, OPERATIONS & CHIEF A	(i)	216,618	9,104	6,535	30,054	38,462	300,773	0
	(ii)	0	0	0	0	0	0	0

# SCHEDULE O

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Department of the Treasury

Name of the organization

SCREEN ACTORS GUILD-AMERICAN FEDERATION  
OF TELEVISION AND RADIO ARTISTS

Employer identification number

45-4931719

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	(A) INCREASING THE POWER AND LEVERAGE OF OUR MEMBERS IN THEIR BARGAINING RELATIONSHIPS WITH THE EMPLOYERS IN OUR INDUSTRIES, (B) ORGANIZING WORKERS IN THE ENTERTAINMENT AND MEDIA INDUSTRIES IN ORDER TO MAXIMIZE OUR BARGAINING STRENGTH, (C) INCREASING OUR POWER IN DEALING WITH THE VARIOUS GOVERNMENTAL BODIES THAT ADDRESS THE SIGNIFICANT PUBLIC POLICY ISSUES CONFRONTING OUR MEMBERS, (D) PROTECTING AND SECURING THE RIGHTS OF OUR MEMBERS IN THEIR PROFESSIONAL ACTIVITIES, INCLUDING SECURING MEANINGFUL LEGISLATION AND REGULATIONS ON MATTERS AFFECTING THEIR WORK AND TAKING APPROPRIATE PROTECTIVE ACTION IN RESPONSE TO THE UNAUTHORIZED USE OF THEIR WORK, (E) COOPERATING, COORDINATING AND COMBINING WITH OTHER ORGANIZATIONS WHOSE OBJECTIVES INCLUDE THE ADVANCEMENT AND IMPROVEMENT OF MEMBERS' COMPENSATION AND WORKING CONDITIONS WHENEVER SUCH ACTION IS IN THE BEST INTEREST OF OUR MEMBERS, (F) ESTABLISHING, CONDUCTING, SPONSORING AND MAINTAINING SUCH EDUCATIONAL, RECREATIONAL, SOCIAL AND CHARITABLE ENTERPRISES AS MAY ASSIST OUR MEMBERS AND AID IN THEIR GENERAL WELFARE, (G) RECEIVING, ADMINISTERING AND EXPENDING THE UNIONS FUND IN THE INTERESTS OF OUR MEMBERS, (H) COLLECTING AND DISTRIBUTING GOVERNMENT MANDATED OR OTHER COMPULSORY ROYALTIES, LEVIES OF REMUNERATION SUBJECT TO WORLDWIDE COLLECTIVE ADMINISTRATION, (I) WITHOUT LIMITATION, PROTECTING THE RIGHTS OF ENTERTAINMENT AND MEDIA ARTISTS IN ALL OTHER ASPECTS CONSISTENT WITH THE OVERALL OBJECTIVES OF THE UNION AND DOING ALL THINGS NECESSARY AND PROPER TO ADVANCE AND PROMOTE THEIR WELFARE AND INTERESTS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS DIVIDED INTO THE FOLLOWING CATEGORIES OF MEMBERSHIP STATUS A CTIVE, HONORABLE WITHDRAWAL, PAYMENTS PENDING AND SUSPENDED PAYMENT

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE NATIONAL BOARD OF DIRECTORS IS THE HIGHEST POLICY BODY OF THE ORGANIZATION IT IS ELECTED BY THE MEMBERSHIP

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	APPROVAL OF CERTAIN ISSUES MAY BE REFERRED TO EITHER THE MEMBERSHIP FOR A REFERENDUM VOTE OR TO A BIENNIAL NATIONAL CONVENTION



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE CFO AND CONTROLLER REVIEW THE 990 FOR MISSTATEMENTS OR ERRORS AND THE AMOUNTS REPORTED ARE COMPARED TO THE AUDITED FINANCIALS THE 990 IS DISTRIBUTED TO THE FINANCE COMMITTEE FOR DISCUSSION AND REVIEW THE FORM IS ALSO AVAILABLE UPON REQUEST TO ANY BOARD MEMBER

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	SAG-AFTRA ENFORCES ITS CONFLICT OF INTEREST POLICIES IN CONNECTION WITH THE FILING OF LABO R-MANAGEMENT REPORTS OF CONFLICTS OF INTEREST REQUIRED ANNUALLY OF OFFICERS, DIRECTORS, AN D EMPLOYEES BY FEDERAL LAW, AS WELL AS THROUGH REGULAR MONITORING OF REPORTS OF POTENTIAL CONFLICTS OF INTEREST THROUGH THE PEOPLE AND CULTURE (I E HUMAN RESOURCES) DEPARTMENT

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A COMMITTEE COMPOSED OF NATIONAL BOARD MEMBERS REVIEWS AND COMPARES THE NATIONAL EXECUTIVE DIRECTOR'S COMPENSATION WITH COMPENSATION FOR COMPARABLE POSITIONS, AND MAKES A RECOMMENDATION TO THE FULL BOARD FOR APPROVAL THE ULTIMATE AUTHORITY RESIDES WITH THE NATIONAL BOARD

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORM 990 MAY ALSO BE INSPECTED ON WWW GUIDESTAR ORG

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST, THESE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VII, SECTION A	ALTERNATE BOARD MEMBERS HAVE VOTING RIGHTS UPON BEING ASKED TO ATTEND A NATIONAL BOARD MEETING ON BEHALF OF A NATIONAL BOARD MEMBER ACCORDINGLY, THE ORGANIZATION IS REPORTING THE NAMES OF ALTERNATE BOARD MEMBERS WHO WERE CALLED TO SERVE IN PLACE OF NATIONAL BOARD MEMBERS AT ANY TIME DURING THE TAX YEAR

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
SCREEN ACTORS GUILD-AMERICAN FEDERATION  
OF TELEVISION AND RADIO ARTISTS

Employer identification number  
45-4931719

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SCREEN ACTORS GUILD AWARDS LLC 5757 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90036 26-1703514	AWARDS SHOW PRESENTATION	CA	3,237,539	28,902,035	SAG-AFTRA
(2) GUILD INTELLECTUAL PROPERTY REALIZATION LLC 5757 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90036 27-0902453	RECOVER ASSIGNED DEBTS AND DISBURSE SUMS OWED TO MEMBERS	CA	-800	273,538	SAG-AFTRA
(3) SAG-AFTRA REAL PROPERTY HOLDINGS LLC 5757 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90036 36-4797722	HOLD AND OPERATE REAL ESTATE ON BEHALF OF SAG-AFTRA	DE	-6,917	286,497	SAG-AFTRA

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)SAG-AFTRA 401(K) RETIREMENT PLAN 5757 WILSHIRE BOULEVARD 7TH FLOOR  LOS ANGELES, CA 90036 45-4931719	PROVIDES RETIREMENT BENEFITS	CA	401				No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b> Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SAG-AFTRA 401(K) RETIREMENT PLAN	R	294,326	EMPLOYER CONTRIBUTIONS TO 401(K)
(2)SAG-AFTRA 401(K) RETIREMENT PLAN	R	35,000	RETIREMENT PLAN ADMIN FEES

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation